

DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS



21 MAR 2017

MEMORANDUM FOR SGVT

ATTN: CAPT NICHOLAS SCALZITTI

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>Assessing How Hospital Readmissions are Affected by Obstructive Sleep Apnea Severity and Therapy Compliance</u> presented at/published to <u>Sleep 2017, Boston, MA, 3-7 June 2017</u> in accordance with MDWI 41-108, has been approved and assigned local file #<u>17156.</u>
- 2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

- 1. The author must complete page two of this form:
 - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants; etc.]
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- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
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- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
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- On page 2, have either your unit commander, program director or immediate supervisor:
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- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
 - "The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"
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Nicholas Scalz	itti, Capt, O-3, SGVT	7		⊠ YES	□ NO	414912 (BAMC IRB)			
5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)									
The Relationship Between Obstructive Sleep Apnea and Hospital Readmission									
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Assessing how hospital readmissions are affected by obstructive sleep apnea severity and therapy compliance.									
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Title: Assessing How Hospital Readmissions are Affected by Obstructive Sleep Apnea Severity and Therapy Compliance

Authors and Institutions: Nicholas Scalzitti, MD^{1,2}; Skyler Nielsen, DO²; Gregory Dion, MD²; Matthew Brock, MD¹; Peter O'Connor, MD^{1,2}

¹Department of Sleep Medicine, San Antonio Uniformed Services Health Education Consortium, San Antonio, TX; ²Department of Otolaryngology-Head and Neck Surgery, San Antonio Uniformed Services Health Education Consortium, San Antonio, TX

Introduction:

Hospital readmissions are an important quality metric reported to the Centers for Medicare and Medicaid Services. Previous work from our group found that the presence of obstructive sleep apnea (OSA) correlates with increased risk of hospital readmission within 30 days. This project seeks to characterize the relationship between readmissions and the severity and treatment of OSA. A better understanding of this relationship could potentially be utilized to develop preventative measures and reduce readmission.

Methods:

A retrospective review of all hospital discharges over a 24-month period (August 2011–July 2013) for a Department of Defense tertiary care hospital was conducted. Of 22,261 unique discharges, 5,299 patients had OSA based on ICD-9 codes. Of these patients with OSA, 565 were readmitted. From this group, 125 patients were randomly selected for further review. An additional age and gender-matched 125 patients with OSA that were not readmitted were selected for comparison. The groups were compared with parametric and non-parametric tests.

Results:

For the 250 patients, ages ranged from 18 to 96 years (mean 63.2). Polysomnography data was found for 152 patients (77 readmitted and 75 non-readmitted). Based on the available polysomnography data, 67 readmitted and 66 non-readmitted patients met criteria for OSA. Apnea-hypopnea index ranged from 0 to 110.7 (mean 24.1) and 0.2 to 109 (mean 27.2) for the readmitted and non-readmitted groups respectively (p=0.48). Similarly, lowest oxygen saturations averaging 83.9 and 84.1 (p=0.88), and body mass index averaging 31.3 and 31.6 (p=0.67) were not statistically different. Inpatient (27.2% vs. 26.4%) and outpatient (38.4% vs. 37.6%) treatment rates were not different. Length of hospital stay (5.1 vs. 3.6 days in readmitted vs. non-readmitted) differed between the 2 groups (p=0.007).

Conclusion:

While OSA is an independent risk factor for hospital readmission, OSA severity and treatment compliance did not differ between readmitted and non-readmitted patients. Of the factors studied, only

length of stay during the original admission correlated with higher likelihood of readmission. Additional studies on hospital readmission in OSA patients are needed to determine if readmission rates can be improved through better recognition and treatment of OSA.

Disclaimer:

The views expressed are those of the author(s)/presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.